Best Available Copy

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

638447

CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL TYPE	ENTITY	OR	OTHER SMALL	
F	OR CONTRACTOR	NUMBE	IUMBER FILED NUMBER EXTRA		EXTRA	RATE	FEE	1	RATE	FEE
ВА	ISIC FEE					A A A	345.00	OR	Miles 13	690.00 [°]
ТС	TAL CLAIMS	44	minus	20= 24		X\$ 9=		OR	X\$18=	422
INDEPENDENT CLAIMS 9			minus	is 3 = * 6		X39=		OR	X78=	46°.
ML	MULTIPLE DEPENDENT CLAIM PRESENT							OR	+260=	
• If	* If the difference in column 1 is less than zero, enter "0" in column 2							OR	TOTAL	1592.00
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						OTHER THE SMALL ENTITY OR SMALL EN			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDW	Total	. 54	Minus	** 444 .	='/()	X\$ 9=	90	OR	、X\$18=	
AME	Independent	TATION OF MI	Minus	PENDENT CLAIM	7	X39=	43	OR	X78=	
	TINOTTRESE	INTATION OF MIC	JETTI LE DEI	CIADENT OFFINI		+130=		OR	+260=	
						TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)	<u> </u>	(Column 2)	(Column 3)		•			
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF MI	Minus	PENDENT CLAIM	=	X39=		OR	X78=	
	,					+130=		OR	+260=	
				•		TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)							•			
AMENDMENT C		CLAIMS REMAINING .AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	=	X39=			X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					7.00-		OR		
	If the entry in colu	mn 1 is lose than t	ne entry in och	ımn 2, write "0" in co	dumn 3	+130=		OR	+260=	
	If the "Highest Nu	mber Previously Pa	aid For IN THI	S SPACE is less that IS SPACE is less that	ın 20, enter "20."	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
•				r Independent) is the		found in the ap	propriate bo	x in col	umn 1.	

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER:	63847

Total Fee Calculation

		Total Fe	· Calculatio	C		
	Fee Cade	Taul 4 Claims	Number Ettra X	Fee	fec •	Tacal
_	\$்.	•		Sm. Entity	Lg. Eatity	σοΛ ^α
Busic Filing Fee	201/101				<u>·</u>	_ 670
Total Claim: >10	293/103	44 .20	24. x		-	432
Independent Claum: >)	2007/100	9 .1 -	<u>6</u> ×			468
Multi Dep Claim Present	204/104					
Surcharge	205/105					13000
English Translation	139					
TOTAL FEE CALCUL	ROITA					
Fees due upon filing t	the application.					_
Total Filling Fees Due	= s <u>17</u>	20 [∞]				
Less Filing Fees Subn	1 2 - 1 banin					
BALANCE DUE	= s <u>1</u> -	720 [∞]				•
James Washingto	r. N					
Office of Initial Patient	Examination					